

Group Number:
Subscriber's Identification Number:
Dependent's Date of Birth:

Eligibility for health insurance for your dependent(s) is verified annually because of his or her age. Unmarried children are eligible for coverage until the end of the year in which they turn age 19, or age 25 if they are full-time students, and are dependent upon you and/or the other parent for at least 50% of their support and meet the support tests as a dependent for federal income tax purposes whether or not the child is claimed (see definition below). **Complete the questionnaire on the reverse of this form and return it within two weeks.** [Note: Plans may insert a specific date if it allows at least two weeks to reply.] **If the form is not returned, your dependent's health insurance coverage will end as of December 31, 2002.**

Important Information:

- See pages D-7 and 8 of the 2003 *It's Your Choice* book for the complete definition of "Dependent". For your convenience, the following excerpt from the definition that applies to full-time students and disabled dependents is provided:

- Student status includes any intervening vacation period if the child continues to be a full-time student. Student means a person who is enrolled in an institution which provides a schedule of courses or classes and whose principal activity is the procurement of an education. Full-time status is defined by the institution in which the student is enrolled. Per the Internal Revenue Service, this includes elementary schools, junior and senior high schools, colleges, universities, and technical, trade and mechanical schools. It does not include on-the-job training courses, correspondence schools and night schools.

2. If otherwise eligible, children who are, or become, incapable of self-support because of a physical or mental disability which can be expected to be of long-continued or indefinite duration, continue to be, or resume their status of, Dependents regardless of age or student status, so long as they remain so disabled. The child must have been previously covered as an eligible Dependent under this program in order to continue or resume coverage.

See Reverse >>>>>>>>>>

IMMEDIATE ATTENTION REQUIRED!

Please complete and return this questionnaire to ensure your eligible dependent is not dropped from your health insurance coverage.

To the best of your knowledge, please answer the following for coverage year 2003. If there is any change in your dependent's eligibility after this questionnaire is completed, notify your payroll/personnel office as soon as the change occurs.

1. Is the dependent child your natural, step or adopted child, or a child who became the subscriber's permanent legal ward prior to age 19? Yes _____ No _____
2. Is the child unmarried and dependent upon you or the other parent for at least 50% of his or her support and does he or she meet the support tests as a dependent for income tax purposes (whether or not the child is actually claimed)? Yes _____ No _____

If the dependent has married, provide date of marriage: _____
(Note: Coverage ends on the last day of the month in which the marriage occurs.)

3. In January 2003, will the dependent child be enrolled in, and attending as a full-time student, an institution that provides a schedule of classes and whose principal activity is the procurement of an education? (Note that it does not include on-the-job training courses, correspondence schools and night schools.)
Yes _____ No _____
If yes*: Name of school: _____
Anticipated graduation date: _____
If no: Date full-time attendance ceased: _____

*If your response to question 3 is yes but the dependent does not return to school as a full-time student during the spring semester of 2003 or does not maintain full-time student status, you must notify your payroll representative immediately. Failure to do so may result in unpaid claims as this individual may no longer be considered an eligible dependent on your health insurance contract.

4. Is the dependent child incapable of self-support due to a mental or physical disability, which is expected to be of long-continued or indefinite duration (generally one year or more)?
Yes _____ No _____

If yes, indicate the diagnosis and provide the name and telephone number of the attending physician who can be contacted to verify the disability and/or obtain a physician's statement:

Your child will continue to be covered as your dependent if the answers to questions 1. and 2. above are yes and the child is either a full-time student (item 3) or is disabled and incapable of self-support (item 4), as determined by the plan. You may appeal to ETF if you disagree with the plan's decision as to whether the dependent is eligible.

If you have any questions regarding this form, please call our _____ department at _____.

To the best of my knowledge all statements and answers above are complete and true. All information is furnished under penalty of Wis. Stats. § 943.395. I understand that fraud or material misrepresentation of the child's eligibility for coverage will result in termination retroactive to the date eligibility was lost and I or my dependent will be responsible for the cost of service provided during the period when coverage was erroneously in effect.

Subscriber's Signature

Date